



CMSP NEWSLETTER

County Medical Services Program:

A Consortium of 34 Counties

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What's New?

✓ **Governing Board Takes Major Actions Affecting CMSP Program**

At its July 25, 2002 and August 22, 2002 meetings, the County Medical Services Program Governing Board approved a variety of program and rate reimbursement changes for CMSP, beginning in FY 2002-03. The Board approved these changes so that CMSP program expenditures in FY 2002-03, and beyond, do not exceed available revenues. The actions approved by the Board have different effective dates. Certain of these proposed changes will be the subject of public hearings by the Board in November 2002.

✓ **Notice of Public Hearings**

The CMSP Governing Board is holding four (4) public hearings to consider proposed program changes that will result in the elimination and reduction of certain health care services currently provided by CMSP, and to consider the adoption of proposed regulations for CMSP. Notice of these public hearings was published in newspapers in each of the 34 participating CMSP counties. The dates, times, and locations are as follows:

Hearings For Proposed Program Changes	November 13, 2002	12:00 p.m. to 2:30 p.m.
	Board of Supervisors Chambers County Courthouse 1500 Court Street, Room 203 Redding, California	
	November 14, 2002	1:30 p.m. to 4:00 p.m.
	Board of Supervisors Chambers Administration Building 99 Water Street Markleeville, California	
	November 15, 2002	11:00 a.m. to 1:30 p.m.
	Board of Supervisors Chambers 209 W. Yosemite Avenue Madera, California	
	November 22, 2002	1:30 p.m. to 4:00 p.m.
	Board of Supervisors Chambers 940 W. Main Street, Suite 211 El Centro, California	

What's New? (continued)

✓ **Governing Board Approves FY 2002-2003 CMSP Budget**

On September 26, 2002, the CMSP Governing Board approved the CMSP budget for FY 2002-03. The budget projects expenditures of \$234.3 million and provides a Reserve for Economic Uncertainty and Litigation of \$27.4 million. The approved budget assumes approximately \$30 million in payment rate reductions, administrative savings and other program changes. These changes were adopted by the Board or proposed for adoption following public hearings by the Board in November 2002.



On the Road Again

The CMSP Governing Board traveled to Redding on September 26, 2002 for its monthly meeting. Typically, once a year the Board will meet in one of its member counties to provide opportunity for local input on an array of issues.

Meeting

In

Redding

The format for this meeting was unique. The morning agenda included a series of speakers. The Board and audience heard from representatives of the grant programs in Tehama and Shasta Counties, and there were two panel discussions. One was on mental health and drug/alcohol dependencies as they relate to physical health, and the other panel discussed the CMSP fiscal climate. Each presentation raised significant issues and provoked thoughtful, candid discussions among the audience, the presenters, and the Board. Presenters came from as far away as Humboldt and Modoc Counties.

In the afternoon the Board conducted its regular business meeting, with additional time for public input. Overall, it was felt that the event was very successful. Representatives from provider organizations, county governments, associations, and other stakeholders came together from various points in the north state to provide the Board with their viewpoints of CMSP healthcare delivery in the region.



From the Case Files:

A 24-year-old CMSP client was injured in a motorcycle accident, and admitted to the intensive care unit in critical condition. He was 250 miles from his home, and in a non-CMSP county. ***CMSP will reimburse providers who are enrolled and in good standing with the Medi-Cal program, no matter where they are located,*** so his insurance status while in the acute care setting was not in question. His injuries, however, were so severe that he would need extensive rehabilitation in order to regain his mobility and, eventually, his independence.

Even as his recovery progressed, it was determined that he would not be strong enough to go directly from acute medical care to the active pace of an acute rehabilitation setting. His physicians estimated that this interim period would take a minimum of six weeks.

His discharge planner knew that prolonging his stay in the acute care hospital would not be justified, but he could not go home, and had no family that could take care of him. She also knew that CMSP does not cover long-term care or skilled nursing facilities (SNF). An SNF was the only option, temporarily, but who would pay?



CMSP Responded:

As soon as it has been determined that an SNF will be in the discharge plan, the client should be assisted in temporarily changing his/her Aid Code to 53, with CMSP's companion code of 8F. Aid Code 53 would provide the long-term care coverage through Medi-Cal while CMSP Aid Code 8F would reimburse any additional acute care days required. The discharge planner working with the physician and the Department of Social Services in the client's county of residence can facilitate the process for this temporary change.

Frequently Asked Questions (FAQs)



Q: *How do I become an enrolled CMSP provider?*

A: You are an eligible CMSP provider if you are enrolled in the Medi-Cal Program.

Q: *How do I provide services to CMSP beneficiaries?*

A: Services are provided in the same manner that you provide services to a Medi-Cal beneficiary. If the service requires a TAR under Medi-Cal, it requires a TAR under CMSP. You would send the TARs to the appropriate field office. If the beneficiary resides in either Solano or Sonoma County, he/she may be part of a managed Health Care Plan (HCP). Partnership Health Plan of California – CMSP (PHC – CMSP) is a two-year pilot program (HCP 530) in Solano County, effective February 1, 2002. PCH – CMSP provides CMSP services to CMSP recipients with mandatory plan enrollment aid codes 84 and 88. For detailed program information, refer to the *MCP: County Organized Health System (COHS)* section in the Medi-Cal Provider Manual or contact Solano PHC – CMSP 1-800-863-4155.

Sonoma County Partners for Health (SCPH) is a Fee-For-Service/Managed Care Pilot Project for residents of Sonoma County with aid codes 84 and 88. For additional information, call the SCPH office at 1-800-316-6006.

Q: *How do I bill for services provided to CMSP Beneficiaries?*

A: For services provided to CMSP beneficiaries, claims are submitted to Electronic Data Systems (EDS) in the same way as for Medi-Cal. For PHC – CMSP information on capitated vs. non-capitated services can be found in the Medi-Cal Provider Manual. For SCPH, claims are submitted to EDS.



FAQs (Continued):

Q: *What are the reimbursement rates for services provided to CMSP beneficiaries?*

A: Typically, they are the same as Medi-Cal, although CMSP may reduce its payment rates below Medi-Cal reimbursement levels to remain within its budget. Effective for dates of service on or after October 1, 2002, inpatient services are reduced to 85 percent of the Medi-Cal rate. The inpatient reduction applies to both the interim rate and the final cost determined through the cost settlement process.

Numbers to Know:

EDS (General)	-	1-800-541-5555
Sonoma FFS/MC (EDS)	-	1-800-586-3026
Solano PHC-CMSP	-	1-800-863-4155
Denti-Cal	-	1-800-423-0507
Vision Services	-	916-657-0528
CMSP Website	-	www.dhs.ca.gov/cmosp
CMSP Governing Board	-	www.cmस्पcounties.org



Let us hear from you! What are the topics you would like to see covered in our next issue?

Please call the CMSP office at (916) 322-1478 or E-Mail Shirley Bruns at sbruns@dhs.ca.gov with your questions and suggestions!

